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CLASSIFY AS APPROPRIATE

25X1

RECOMMENDATION FOR HONOR OR MERIT AWARD

(Submit eight copies with: description of performance or service warranting award;
biographic profile; latest performance appraisal report; and unclassified citation)

| | | | | | | | | | | |
|---|--------|---|------------------------------|-------------------------------------|----------------------------|--|--|-----|---|----|
| 1. SOCIAL SECURITY NO. | | 2. NAME OF PERSON RECOMMENDED (Last, First, Middle) | | | 3. POSITION TITLE | | | | | |
| 25X1 | | | | | Comp Equip Analyst | | | | | |
| 4. GRADE | 5. YOB | 6. SD | 7. OFFICE OF ASSIGNMENT | 8. EXTENSION | 9. RECOMMENDED AWARD | | | | | |
| 25X1;-13 | | MZ | Office of Data Processing | | Certificate of Distinction | | | | | |
| 10. INCLUSIVE DATES FOR WHICH RECOMMENDED | | | | 11. IF RETIRING, DATE OF RETIREMENT | | 12. POSTHUMOUS | | | | |
| July 1, 1982 - March 30, 1983 | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">YES</td> <td style="width: 33%;">X</td> <td style="width: 33%;">NO</td> </tr> </table> | | YES | X | NO |
| YES | X | NO | | | | | | | | |
| 13. HOME ADDRESS (include ZIP CODE) | | | | 14. NAME OF SPOUSE | | 15. HOME PHONE | | | | |
| | | | | | | | | | | |

Have any other persons received or been recommended for an award for this service or act?

- ☒ yes (If yes, attach list of full names and awards.)
☐ no

| | | | |
|--|--|-------------|--|
| TITLE AND SIGNATURE OF EMPLOYEE MAKING RECOMMENDATION | | DATE | |
| 25X1 DC/SEG/ODP | | 7/11/84 | |
| HEAD OF <u>MZ</u> CAREER SERVICE (Career service of nominee) | | DATE | |
| 25X1 Director of Data Processing | | 7/12/84 | |
| DEPUTY DIRECTOR OF CAREER SERVICE | | DATE | |
| Harry E. Fitzwater Deputy Director for Administration | | 19 JUL 1984 | |
| DEPUTY DIRECTOR OF OPERATING COMPONENT | | DATE | |
| Harry E. Fitzwater Deputy Director for Administration | | 19 JUL 1984 | |

REPORT OF HONOR AND MERIT AWARDS BOARD

The Honor and Merit Awards Board having considered the foregoing recommendation on _____:

- ☐ recommends approval
☐ does not recommend approval
☐ recommends award of


REMARKS

| | |
|--|--|
| APPROVED _____ _____ DATE | SIGNATURE TYPED NAME OF CHAIRMAN, HONOR AND MERIT AWARDS BOARD SIGNATURE TYPED NAME OF RECORDER |
|--|--|

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is hereby awarded the

CERTIFICATE OF DISTINCTION

in appreciation of the significant contribution made in the redirection and implementation of the SAFE project. This was a major technological, staffing, and coordination commitment that could not have been accomplished without the dedication, hardwork, and professionalism shown by you as a member of this team. Your contribution to this project should be a source of pride in knowing that you had a major part in completing this project within the time limits imposed. The extraordinary accomplishment that stands out, is that this was accomplished with essentially no impact on the services provided to existing users. The completion of this project reflects credit on you, the data processing profession, the Central Intelligence Agency, and the Federal Service.

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